PTO/SB/17 (10-08)

(1958): 7 (1958)

Effective on 12/06/2004. Fees pursuent to the Consolidated Appropriations Act; 2005 (H.R. 4818).				Complete if Known			
				Application Nu	mber 10/	562,551	Conf. No.: 7873
FEE TR	KAN;	DIVILL	AL	Filing Date	Dec	cember 28, 2005	
Fo	or FY 2	2009		First Named In	ventor Mar	saaki SHIMADA	
Applicant claims sm	nt a stite state	Can 27 CEG	4.07	Examiner Nam	e Dar	niel T. Tekle	
				Art Unit	262	11	
TOTAL AMOUNT OF PA	YMENT (S	3) 1,300	.00	Attorney Dock	et No. 119	0-0617PUS1	
METHOD OF PAYME	NT (check a	ill that apoly)					
Check Credi	Card	Money Order	Non	e Other	please identif	var	
Deposit Account							olasch & Birch, LLP
For the above-ide							***************************************
Charge fee	s) indicated t	pelcvy		Char	ne feels) indi	icated holour ever	ept for the filing fee
Change any	additional fe	e(s) or underpay	ments of fe	-	it any overpa		.pc var are aimig ree
under 37 Ci WARNING: Information on ti	FR 1.16 and	1.17				*	vido avadit east
nformation and authorizatio	m on PTO-203	8.	recit card iii	ormacon snoute	not be morade	o on this torut. Fro	VIGE CINGS CAPO
FEE CALCULATION							
I. BASIC FILING, SEA							
	FILING	FEES Small Entity	SEAR	CH FEES Small Entity		ATION FEES Small Entity	
Application Type	Fee (\$)	Fee (S)	Fee (\$	Fee (\$)	Fec (\$)	Fee (\$)	Fees Paid (\$)
Unlity	330	165	540	270	220	110	0.00
Design	220	110	100	50	140	70	0.00
Plant	220	110	330	165	170	85	0.00
Reissue	330	165	540	270	650	325	0.00
Provisional	220	110	0	0	0	0	0.00
 EXCESS CLAIM FI Fee Description 	ES					Foe (\$)	mall Entity
Each claim over 20	(including)	Reissues)				52	Ess.(\$) 26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims 21 - 20 or HP =	Extra Clai			Paid (\$)			endent Claims
HP = highest number of tot	of chairne naid:	for if months then		0.00		Fee (\$)	Fee Paid (\$)
Indep. Claims	Extra Clai	ms Fee (Fee	Paid (\$)		***************************************	0.00
3 - 3 or HP = HP = highest number of ind	0	×	=	0.00			
. APPLICATION SIZE		ia paid ioi, e grade	at a teat 5.				
If the specification an	d drawings						
listings under 37 (sall entity) for ea	sch additional 50
sheets or fraction Total Sheets - 100 s	Extra She	ets Nun /50≃	ber of each	h additional 50 (round up to a	or fraction th	hereof Fee (\$	Fee Paid (\$)
OTHER FEE(S)				" 1- 2010 mb to a	errose regisse	~/ ^	***************************************
Non-English Specia	ication, \$	130 fee (no sn	sall entity o	discount)			Fees Paid (\$) 0.00
Other (e.g., late filis					tinued Exami	ination	1,300.00
BMITTED BY 3		-				***************************************	
mattern are	un II	1 #40	305	Registration No.	40420	Telenhone	703-205-8000
ine (Print/Type) D/Richa	1227 10	Attorney/Agent)	+04-55				
THE A DID LYDER DANGERS	to Appension					1 Date Febr	iani 8 2011

Date February 8, 2011 This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to 8io (and by the This Collection of informating of Federated by Y 1 L/W 1 74.50. [The information is required to delate of refails a burnelit by the puese, when is to tot (and by the information of the ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.